

COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
HAMILTON COUNTY, OHIO
800 BROADWAY
CINCINNATI, OHIO 45202-1332

RE: _____

Date _____

Case No. _____

File No. _____

Dear _____:

The parties in this matter have been ordered to participate in mediation counseling and you have been selected for this service.

Attached is an assessment form that was completed in this case.

When the mediation process has ended, please complete this form and return it to me.

Thank you for your cooperation,

☐ Magistrate ☐ Parenting Specialist ☐ Counselor
Phone #: 946-9000

Mediation Report

Status of Memorandum of Agreement

Full Agreement _____

Partial Agreement _____

No Agreement _____

Non-attendance at initial appointment by one or both parents _____

Subsequent withdrawal by one or both parents _____

Suspend by mutual agreement _____ Date to _____

Resume _____

Terminated by _____

Mediator _____

Other (Specify) _____

Comments related to Status of Process: _____

Copy sent to each parent _____

Copy sent to each attorney _____

Mediator's signature _____

Date _____